

9664

Chemehuevi-Mohave 5/8

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. PLACE OF DEATH

County Yuma State Arizona Registered No. 5172
 Township Parker or Village Colorado River Hospital
 City _____ No. _____ or _____
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____
 How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Baby Girl Welsh

(a) Residence: No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Indian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single

5a. If married, widowed, or divorced
 HUSBAND of _____
 (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) February 25, 1940

7. AGE _____ Years _____ Months _____ Days If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Parker
 (State or country) Arizona

13. NAME Dan Welsh
 14. BIRTHPLACE (city or town) Parker
 (State or country) Arizona

15. MAIDEN NAME Dorothy Fisher
 16. BIRTHPLACE (city or town) Chemehuevi Valley
 (State or country) California

17. INFORMANT hospital records
 (Address) _____

18. BURIAL, CREMATION, OR REMOVAL
 Place Funeral home Date 2/26/40

19. UNDERTAKER Family
 (Address) _____

20. FILED 2/28/40 J. B. Roberts
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) February 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from February 25, 1940 to February 25, 1940

I last saw him/her alive on _____, 19____ death is said to have occurred on the date stated above, at 1:45 a. m.

The principal cause of death and related causes of importance were as follows:

Premature delivery (stillborn)
Hydrocephalus, congenital.

Date of onset
2.25
?

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____
 (Signed) Jack L. Troupin M. D.
 (Address) Parker, Arizona

c11-3124

V. B. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.